FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # .135256

1. Corporation	n Name						
COMMU	NITY ENVIRONMENTAL CON	ntainers, incorpor	ATED				
	·				I PROBLEM REER LEIGH DUITR JORG AFRICA RICH ALBU		1811 81811 1881
Principal Place	e of Business	Mailing Address			1 (Ballian ares 1120) Brite 12001 Blits Sitt Albi		***************************************
15-17-19 LONESTAR ST 15-17-19 LONESTAR ST							
UMATILLA FL 3	32784-1815	PO BOX 1815					
US		UMATILLA FL 32784-1815			DO NOT WRITE IN TH	IS SPACE	
		US			3. Date Incorporated or Qualifed 09/25/1986		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			59-2726338	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 △	
22		27				Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	•
23		28	- · · <u>-</u>		Trust Fund Contribution	Added to	o Fees
Zip	Country	. Zip	Country	/	8. This corporation owes the current year I		-
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent	0.4		10. Name and Address of New Registere	d Agent	
BRO	WN ROBERT LAWRENCE		81	Name			
BROWN, ROBERT LAWRENCE 24034 MINK RD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	OR FL 32102				of the state of th	241.161 2.7	141 455 4 5 11
7010	OII 1 L 32102		83				
			84	City		85 Zip C	ode
					F	<u>L []</u>	
44 Diversions	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statute	es the abov	a samed sor	noration submits this statement for the number of	of changing its	registered
office or n	egistered agent or both in the State of	of Florida, Such change was a	uthorized by	the comorat	ion's board of directors. I hereby accept the app	ointment as rec	pistered
office or re agent. I a	registered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was autions of, Section 607.0505, Flor	uthorized by rida Statutes	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as reg	gistered
agent. I a	m familiar with, and accept the obligati	tions of, Section 607.0505, Flor	rida Statutes	5.		ointment as reç	gistered
agent. I a	m familiar with, and accept the obligations of the state	tions of, Section 607.0505, Flor	rida Statutes	5.	red when reinstating) OATE		
agent. I an SIGNATURE	m familiar with, and accept the obligation of th	t and title if applicable. (NOTE: D DIRECTORS	Registered Age	5.		AND DIRECTO	RS IN 12
agent. I all SIGNATURE 12.	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND PD	tions of, Section 607.0505, Flor	Registered Agen 13. 1.1 TITLE	5.	red when reinstating) OATE		
agent. Fail	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND PD BROWN, ROBERT LAWRENCE	t and title if applicable. (NOTE: D DIRECTORS	Registered Agei 13. 1.1 TITLE 1.2 NAME	S. nt signature requir	red when reinstating) OATE	AND DIRECTO	RS IN 12
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND PD BROWN, ROBERT LAWRENCE 24034 MINK RD	t and title if applicable. (NOTE: D DIRECTORS	Registered Ages 13. 1.1 TITLE 1.2 NAME 1.3 STREE	S. nt signature requir TADDRESS	red when reinstating) OATE	AND DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes. Or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90066 042 ***150.00